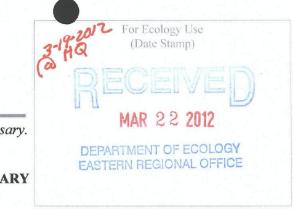


## **Application for a Water Right Permit**



Follow the attached instructions. Attach additional sheets as necessary GROUND WATER SURFACE WATER  PERMANENT SHORT TERM TEMPOR  DROUGHT	DEPARTME	R 22 2012 INT OF ECOLOGY EGIONAL OFFICE
*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUS' Section 1. APPLICANT	F ACCOMPANY THIS	S APPLICATION.
☐ I have participated in a pre-application conference wi	th Ecology.	
Applicant/Business Name: Charles Williams	Phone No: 702-285-832	Other No:
Address P. O. Box 335922  City: ( Dack 1 ac 16216	State:	Zip: 84033
Email Address (if available):  (Williams NIVE yahoo com		1 0 7033
Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Address:		3
City:	State:	Zip:
Email Address (if available):		
Legal Land Owner or Part Owner Name of the Proposed Place of Use:	Phone No: 702-285-8321	Other No:
Address: P.O. Box 335922	State:	Zip:
Email Address (if available):  Will: ams NIVE yahoo. com	NV NV	79033
For Ecology Use  APPLICATION NO: S3-30662  Fee Paid: 50 Check No: 13.5	SEPA ECY Coding: 001-001-V	x: Exempt/Not Exempt VR1-0285-000011
Date ReturnedBy Priority Date _3//9/2	012 By K WRIA	61
Pre-application interviewer:		

Section 2. STATI	EMEN	r of intent				
		proposed point of diversion/wi to make this application for use				
Briefly describe the purp	ose of voi	ur proposed project: OOMO	water from	socius to		
iccisate land	stock	ur proposed project: pump of		<i>J</i> ,)		
Titely with takes,	3.00	out one one				
A -4:	4	1.4				
Anticipated length of tim	ie to comp	plete your project: 2 x 5.				
Water Use List all purpo	oses for w	hich water will be applied to a l	peneficial use and	list quantity required for each.		
Purpose(s) of Use		Rate (check one box only)	Acre-Feet per	Period of Use		
Turpose(s) or ese		☐Cubic Feet per Second (CFS)	Year (AF/YR)	(Continuously or Seasonal)		
	1	Gallons per Minute (GPM)	(If known)			
Icrigation Stock votor	-	15	2/3	Seasonal		
stock voloi	-	15	1/6	continuously sersonel		
domestic		15	1/6	Courtin Secrobal		
1	TOTAL:		1			
	OTAL.	30 gpm )= 0.0668	ch			
			217			
Short Term/Temporary	Water I	<u>Jse</u>				
Is this a request for a sho	rt term pr	oject (less than four months and	non-recurring)?	YES NO		
Is this request for a temperature	orary peri	nit? □YES ☒ NO				
If yes to either question a	above, ind	icate the dates that the water w	ill be needed:			
FROM://						
110171.						
Section 3. POINT	T OF D	IVERSION OR WITH	DRAWAL			
(Complete A or B, and	C below	v)				
A.) If Surface Water	B.) I	B.) If Ground Water Source				
Spring Creek River Lake			☐ Well(s) ☐ Other:			
Other:						
S NI #1/4	Wall	Well diameter & depth:				
Source Name: W/A  Tributary to: N/A			Number of proposed points of withdrawal:			
Number of proposed di			If available, attach Water Well Report and pump test.			
Do you have an existing	g diversio	n? ☐ YES ☒ NO Well	Well Tag ID No			

	4				1 -	T =	T =		
	arcel No.	1.	1/4	1/4	Section	Township	Range		County
19819		ES N		NW	05	38 Em	38 EWM		Stevens
	Lot(s)			Block(	(s)		Subdivision	/	+
	Feet ( N	North/	South)	and _	fee	of diversion t ( East/ East/	] West)	al to the	e nearest section corner:
Pa	arcel No.		1/4	1/4	Section	Township	Range		County
	Lot(s)			Block(	(s)	5	Subdivision		
known	n, enter the	distance	s in fee	et fron	n the point	of diversion	or withdraw	al to the	e nearest section corner:
-						East/ We			
om the	( NW [		NE 🗌	SE _	) cor	ner of Sectio	n		
ach a c		e legal de	escript	tion o					e used) taken from a rea
ach a c	copy of th itract, pro	e legal de	escript ed or 1	tion of	surance p	oolicy, or co	py it careful	ly in th	e space below.
ach a c	copy of th itract, pro	e legal de	escript ed or 1	tion of	surance p		py it careful	ly in th	
ach a c	copy of th itract, pro	e legal de	escript ed or 1	tion of	surance p	oolicy, or co	py it careful	ly in th	e space below.
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ach a cate con	copy of th itract, pro	e legal de	escript ed or 1	tion of	surance p	oolicy, or co	py it careful	ly in th	e space below.
ach a chete con	copy of the stract, pro	e legal de perty de Loop	escripted or 1	tion of title in	ettu Fa	ls Wa	99/9) County	ly in th	NEY NWY
tach a ctate con	copy of the stract, pro	e legal de perty de Loop	escripted or 1	tion of title in	Range	ls Wa	99/9) County	ly in th	Parcel No
37.  37.  37.  37.  37.  37.  37.  37.	wn all the lawner name	Section  OS  ands on vegal authors (s), address  water right	Two sess, and	tion of title in the property of maked phone claims	Range  Soposed place this applied the number.	stevence of use is I cation for use:	County  County  coated?   cof another	YES  s land?	Parcel No. 198140
37  WEY  you over the control of the	wn all the lawner name	Section  OS  ands on vegal authors (s), address  water right	Two sess, and	tion of title in the property of maked phone claims	Range  Soposed place this applied the number.	stevence of use is I cation for use:	County  County  coated?   cof another	YES  s land?	Parcel No.    YES   NO
37  WEY  you over the control of the	wn all the lewner name	Section  OS  ands on vegal authors (s), address  water right	Two sess, and	tion of title in the property of maked phone claims	Range  Soposed place this applied the number.	stevence of use is I cation for use:	County  County  coated?   cof another	YES  s land?	Parcel No.  / 98140  NO.  YES   NO

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

## Section 5. WATER SYSTEM DESCRIPTION Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Suspended or Floating pump to 1" likes Feeding 3/4" Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION (Complete A or B, and C below) A.) Domestic Water Systems only B.) Municipal Water Systems only (defined under RCW 90.03.015) Projected number of connections to be served: Present population to be served water: Type of connections: As caevitud Bldg. (e.g., home, recreational cabin) Estimate future population to be served: (20 year projection) C.) Water System Planning Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? YES NO If yes, date plan was approved / / Water System Number: Name of water system:

Are you within the service area of an existing water system? YES NO

If yes, explain why you are unable to connect to the system:\_

## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES Irrigation Total number of acres requested to be irrigated under this application = **ACRES** *NOTE:* Outline the area to be irrigated on your attached map. Stockwater List number and kind of stock: goat, sleep, llanes, buffelo 2 to a durin of Is the proposed project for a dairy farm? YES NO **Other Proposed Farm Uses** Describe all proposed uses: Home / beus Family Farm Water Act (RCW 90.66): Calculate the acreage in which you have a controlling interest, including only: • Acreage irrigated under water rights acquired after December 8, 1977, Acreage proposed to be irrigated under this application, and Acreage proposed to be irrigated under other pending application(s). Is the combined acreage under existing rights greater than 6000 acres? YES NO Do you have a controlling interest in a Family Farm Development Permit? YES NO If yes, enter Permit No: \_\_\_\_ Section 8. OTHER WATER USES Hydropower Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts:\_\_\_ Describe works: Indicate all uses to which power is to be applied: FERC License No: Mining/Industrial Use Describe use, method of supplying and utilizing water:

Other Use	
Section 9. WA	ATER STORAGE
Will you be using a	dam, dike, or other structure to retain or store water? X YES NO
Are you proposing to	o store more than 10 acre-feet of water?  YES  NO
Will the water depth	be 10 feet or more? YES NO
If you answered yes	to any of the above questions, please describe: Stocase tank, above ground, 2500gd
Reservoir and a Dam (	e storage will be above grade, you must also complete an Application for Permit to Construct a  Construction Permit and Application.  RIVING DIRECTIONS
	ing directions to the project site: fake 395 N. out of feetle Falls.
Tuen eigh	
Tuen left	onto Fifteen mile Creek Rd.
At 1 50	
Go (il mil	is property is on both sides if the Rord.
Annual St. Control of Annual St.	
272	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Site Address: 3/d	Il Hill Loop Rd, Kettle Falls, Wa 99191

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Print Name (Applicant or authorized representation	Signature Signature	3-12-12 Date	
Print Name (Legal Owner or Part Owner Place	Signature of Use)	Date	
Print Name (Legal Owner or Part Owner Place		Date	
*Submit your application to:  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611	Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400	
OLYMPIA, WA 98504-7611	Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300	

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

